

USEPA
290 BROADWAY
NY, NY

**NOTIFICATION OF DEMOLITION AND RENOVATION
PAL JOB # 16-1609**

Operator Project #	Postmark	Date Received	Notification #	
TYPE OF NOTIFICATION (O-Original, R-Received, C-Cancelled): O – Original				
FACILITY INFORMATION (Identify Owner, Removal Contractor and Other Operator):				
OWNER NAME: 41 Madison LP/Rudin Management Company, Inc.				
Address: 345 Park Avenue 33 rd Floor				
City: New York		State: NY	Zip: 10154	
Contact Name: Larry Jaret		Telephone: 212-407-2400		
REMOVAL CONTRACTOR: PAL Environmental Safety Corp. d/b/a PAL Environmental Services				
Address: 11-02 Queens Plaza South				
City: Long Island City		State: NY	Zip: 11101	
Contact Name: Aric Domozick		Telephone: 718-349-0900		
OTHER CONTRACTOR:				
Address:				
City:		State:	Zip:	
Contact Name:		Telephone:		
TYPE OF OPERATION (D-Demo, O-Ordered Demo, R-Renovation, E-Emergency Renovation): R				
IS ASBESTOS PRESENT? (YES NO) YES				
FACILITY DESCRIPTION (Include Building Name, Number and Floor or Room Number)				
Building Name:				
Address: 41 Madison Avenue				
City: New York		State: NY	Zip: 10010	
Site Location: 9th Floor Suite 900, Suite 920 & Suite 930				
Building Size: 524,937 SF		# of Floors: 43	Age in Years: 45	
Present Use: Commercial		Prior Use: Commercial		
Procedure, Including Analytical Method, If Appropriate, Used to Detect the Presence of Asbestos Material: PLM – Polarized Light Microscopy				
Approximate amount of asbestos , Including 1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category II ACM not removed	R. ACM to be removed	Non-Friable Asbestos Material not to be removed		Indicate Unit of Measurement Below
		CAT I	CAT II	UNIT
				Linear Feet: Ln M:
Surface Area: Spray-on Fireproofing	5,875			Square Feet: X Square Meter:
Volume RACM off Facility Component				CuFt: Cu M:
Scheduled Dates Asbestos Removal (mm/dd./yy)		Start: 10/24/2016	Complete: 10/01/2017	
Scheduled Dates Demo/Renovation (mm/dd./yy)		Start:	Complete:	

DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD (S) TO BE USED:			
DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:			
HEPA Vacs, Micro Traps (Negative Air Pressure) and amended water will be utilized for emissions control.			
WASTE TRANSPORTER #1			
Name: VEOLIA ES Technical Solutions LLC			
Address: 1 Edan Lane			
City: Flanders	State: NJ	Zip: 07836	
Contact Name:		Telephone: 973-347-7111	
WASTE TRANSPORTER #2			
Name:			
Address:			
City:	State:	Zip:	
Contact Name:		Telephone:	
WASTE TRANSPORTER #3			
Name:			
Location:			
City:	State:	City:	
Telephone:			
Disposal Facility			
Name: VEOLIA ES Technical Solutions LLC			
Location: 1 Edan Lane			
City: NJ	State: Flanders	Zip: 07836	
FOR EMERGENCY RENOVATIONS			
Date and Hour of Emergency (mm/dd./yy)			
Description of the Sudden, Unexpected Event:			
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:			
DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED OR REDUCED TO POWDER. Any ACM, which is discovered unexpectedly, or non-friable ACM, which becomes crumbled, will be immediately wet with amended water and cleaned up with HEPA Vacs, to be put in 6 mil poly bags for proper disposal.			
I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFT PART 61, SUBPART M), WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS (required 1 year after promulgation)			
Signature of Owner/Operator		<u>10/07/2016</u> Date	
I certify that the above information is correct			
Signature of Owner/Operator		<u>10/07/2016</u> Date	